



OFFICE OF CONGRESSWOMAN MAXINE WATERS
California's 43rd Congressional District
PRIVACY RELEASE AND AUTHORIZATION FOR CASEWORK INQUIRIES

Date: _____

I authorize the Office of Congresswoman Maxine Waters to communicate with any federal agency on my behalf.

I realize that it may be necessary to release information that under the Privacy Act of 1974 (Public Law 93-579) cannot be released without my written consent. This form is to serve as my consent for the release of such information to the Office of Congresswoman Maxine Waters.

SIGNATURE: _____

Name (printed) _____ Date of Birth: _____

Address: _____
City State Zip

Phone (Home): _____ (Work/Cell): _____

Email: _____ Do you have legal representation? Yes / No (circle one)

Have you contacted other elected officials about this issue? Yes / No (circle one)

If yes, which office(s) and when: _____

Social Security Number or Alien Number (if Immigration case): _____

(IRS cases only) Tax Year(s) or Tax Period(s): _____

Federal Agency Involved _____

Briefly explain the main problem.

PLEASE RETURN THE ORIGINAL COMPLETED FORM and copies of any accompanying documentation to:

Congresswoman Maxine Waters
Los Angeles District Office
10124 South Broadway, Suite One
Los Angeles, California 90003
Phone: (323) 757-8900
Fax: (323) 757-9506